



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 7034

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
11/980,540	10/31/2007 RULE	604	3761	1018798-000442		
<b>APPLICANTS</b> Bror-Inge Helmfridsson, Partille, SWEDEN; Ken Olsson, Vastra Frolunda, SWEDEN; <b>** CONTINUING DATA ***** I. T. 12/02/2008</b> This application is a CON of PCT/SE2005/000694 05/16/2005 <b>** FOREIGN APPLICATIONS ***** I. T. 12/02/2008</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/30/2007						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /ILYA Y TREYGER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404 UNITED STATES						
<b>TITLE</b> Male incontinence protector						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		